amusement of his companions. It is worthy of remark that when the lead had been taken for three weeks the aneurism had hardened very obviously, and my belief is that we might be content to discontinue the lead should an aneurism begin to change as above described. The system is charged with the metal, and deposit once begun, we may fairly expect it will continue to the filling up of the sac.

26. *Aneurism Cured by Pressure on the Aorta under the Influence of Chloroform.*—Mr. HEATH, of the New Castle Infirmary, in commenting on a case of this, remarks:—

"My case was a very unfavourable one, the aneurism being large, the man 50 years of age, very timid and nervous, fat over the belly, and of soft lymphatic temperament. The coverings over the aneurism were thin, and at one point threatened rupture of the sac in no very long time if the impetus of the blood were not stayed.

"Pressure was twice applied to the aorta and origin of iliac without success previously to the final triumph. On the first occasion the man was five hours under chloroform, on the second nearly seven, on the third from half-past nine in the morning until seven in the evening. I was satisfied that pressure would cure the disease, and that sufficient time to allow of consolidation of the large mass of blood was all that was required.

"Pulsation returned as strongly as ever after each of the unsuccessful attempts.

"I have now waited two months, and the aneurismal tumour has almost disappeared. Being assured, therefore, of the reality and permanence of the cure I purpose making the case public, probably by bringing it before the Medico-Chirurgical Society in London.

"We are scarcely yet in a position to say what is the precise change in the contents of the sac in these cases which leads to a cure.

"I have long observed that in aneurisms cured by pressure, the ultimate change has often taken place with great rapidity in my own practice usually, in consequence of greater attention being paid to the application of the pressure, which has consequently been kept on more effectively, and so entirely to arrest pulsation; then almost suddenly an aneurism, which has been under treatment for three weeks, has become consolidated in a few hours, no apparent change having taken place in it previously.

"I was particularly struck with this in a case of *diffused traumatic* aneurism of the anterior tibial artery cured by pressure on the femoral some eight or nine years ago, in my practice at the infirmary here. After some three weeks' trial of pressure in this case, without any change in the condition of the disease, I was about to give up the plan in despair, knowing, too, that surgeons generally held diffused aneurism to be incurable by pressure. Before relinquishing the treatment, however, I determined to make a strong effort to succeed, and by personally superintending to a considerable degree the application of the pressure, its efficiency was much increased, and the pulsation for some hours entirely stopped; consolidation of the aneurism followed. Probably coagulation of the blood is the first change, afterwards contractile changes in the clot and absorption of the liquid parts. Whatever may be, however, the precise nature of the internal changes, no one can now, after Dr. Mapother's case and mine, doubt the efficiency of the plan.

"'The rapid cure of aneurism under chloroform,' must tend to extend the pressure treatment over a wide area in every sense, and leaves less ground than ever for the advocates of the knife to stand upon. It affords me great satisfaction that the third case of the kind should have occurred in the hands of a Dublin surgeon, the profession being already so much indebted to the Dublin school for the introduction of the pressure treatment."—*Med. Press*, April 26, 1865.

27. *On the Combination of Distal with Proximal Compression in Certain Cases of Aneurism.*—J. M. O'FERRALL, Chief Surgeon to St. Vincent's Hospital, in a clinical lecture delivered at St. Vincent's Hospital, March 10, 1865, re-

marked, "I have long since been of opinion that compression of an artery on the distal side of an aneurismal sac should precede or accompany that on the cardiac side of the aneurism. I have often observed arrest of pulsation easily accomplished, attended at the same time with a flaccid state of the sac; but I have also remarked in such cases that the moment the pressure ceased the sac filled and throbbed as before. The formation of the coagulum is thus desirable as the first step to consolidation. A half empty sac is the ready recipient for the slightest thready current that can follow the cessation of the compressing force on the cardiac side. It, therefore, appeared to me advisable to interrupt the current only when the sac was full of blood. These considerations, together with the knowledge of the fact that ligature of the artery on the distal side has sometimes cured an aneurism when the upper or cardiac portion of the vessel could not be reached, made me resolve to try this expedient whenever a fair amount of pressure was not followed by success. From what I have observed, I am inclined to think that cessation of pulse in a sac which suddenly diminishes in size and becomes flaccid is less likely to be followed by a permanent cure, whatever time may have been occupied in the compression, and that a sac which retains its volume, and is, moreover, full of coagulum, is less likely to be refilled, however short the duration of the compressing force.

"When the supply is completely cut off by ligature of the trunk, I believe that the danger of relapse from refilling of the sac by collateral sources is more likely to occur when the sac collapses and becomes flaccid at the moment of deligation than when its dimensions are unchanged. This firmness of the parietes of the sac is always considered favourable to the success of the operation, as implying the presence of fibrinous deposits, whether we attribute them to stasis of the blood or to inflammatory exudation, as suggested by the researches of that distinguished surgeon, the late Dr. Abraham Colles. I have no doubt, however, that whether a sac be filled by fibrinous deposits of some duration, or by coagulum recently formed, that a full sac is very influential in preventing the ingress of blood from a compressed artery above, or collateral branches from below; the compression below the sac need not, in some cases, last more than a few minutes before the current above is stopped. If, on making the pressure above and arresting the pulsation the sac remains full, the object is attained, and time is merely required to allow the blood then liquid to coagulate in the sac. In other cases, it may be prudent to continue both compressions for a longer time. Three cases have already been treated on this plan with success. The first was published by me in the *Dublin Quarterly Journal* for November, 1846."—*The Medical Press*, March 15, 1865.

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28. *Aneurism by Anastomosis of the Scalp treated successfully by Setons and Ligature of Common Carotid.*—Mr. Geo. SOUTHAM related to the Royal Med. and Chirurgical Society (March 14th, 1865) the following case:—

The patient, a married female, aged 28 years, had been suffering from the disease for upwards of eight years. She became an in-patient of the Manchester Royal Infirmary in May, 1864. The temporal artery and its branches, with the exception of those distributed around the eye and forehead (which, though visibly distended, were not pulsatile), were much enlarged, some of them almost to the size of the little finger, and communicating to the hand a distinct arterial thrill. The occipital artery and its branches were also similarly affected, though in a less degree. Pulsation was only slightly checked by pressure on the trunks of these vessels, but was completely suspended by compression of the common carotid. An ulcer had formed over the parietal protuberance, which had bled rather freely on several occasions. An attempt was made to remove the lint from the ulcerated surface; but arterial hemorrhage supervened to so great an extent that the bandages were immediately replaced. On the following day, having taken the precaution to have the requisite appliances for the arrest of hemorrhage at hand, the compress was removed in the presence of several members of the hospital staff. Profuse hemorrhage followed from the ulcerated surface, which occupied a space of about an inch and a half in diameter. Pressure with the fingers failed to stop the effusion of blood, escaping as it did from countless sponge-like orifices. Lint steeped in a solution of perchloride of iron was also